

SUE SLIP STAPLE AREA (for internal cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	mr - G		11/30/99
O.I.P.E. CLASSIFIER			12-595
FORMALITY REVIEW	EHD	60125	12/13/99 4pm

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

Claim	Final	Original	Date
1	/	/	5/3/98
2	/	/	5/3/98
3	/	/	5/3/98
4	/	/	5/3/98
5	/	/	5/3/98
6	/	/	5/3/98
7	/	/	5/3/98
8	/	/	5/3/98
9	/	/	5/3/98
10	/	/	5/3/98
11	/	/	5/3/98
12	/	/	5/3/98
13	/	/	5/3/98
14	/	/	5/3/98
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16	/	/	5/3/98
17	/	/	5/3/98
18	0	0	
19	0	0	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

Serial Available Copy